

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90138 008 ***158.75

DOCUMENT # P93000075665

1. Entity Name

SOUTHLAND INTERNATIONAL TRADING, CORP.

Principal Place of Business

Mailing Address

~~8504 NW 04 STREET~~
~~MIAMI FL 33100~~
~~US~~

~~8504 NW 04 STREET~~
~~MIAMI FL 33100-3309~~
~~US~~

2. Principal Place of Business

8578 NW 61 Street

3. Mailing Address

8578 NW 61 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number

65-0445064

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DA SILVA, LUIZ C
~~8504 NW 04TH ST~~
~~MIAMI FL 33100~~

Name **Da Silva, Luiz C.**

Street Address (P.O. Box Number is Not Acceptable)

8578 NW 61 Street

City **Miami**

FL

Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Luiz C. Da Silva

01/12/2000

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~D~~ ☒ Delete
NAME **DA SILVA, LUIZ C**
STREET ADDRESS ~~8504 NW 04 STREET~~
CITY-ST-ZIP **MIAMI FL**

TITLE **P V S T D** ☒ Change ☐ Addition
NAME **DA SILVA, LUIZ C.**
STREET ADDRESS **8578 NW 61 STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luiz C. Da Silva

01/12/2000

(305)994-7919

Date

Daytime Phone #

CR2E034 (9/99)